L14000060715

(Requestor's Name)
(Address)
,
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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LEMERE APR 1 4 2014

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Barnett Technologies</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Scott Barnett	Name of Person	
		Name of Person	
		Firm/Company	
	1806 Dolphin Blvd S	Address	
	St Petersburg FI 33707	City/State and Zip Code	
<u>ba</u>	arnetttech@thyatis.com	ed for future annual report notifica	ution)
For fu	rther information concerning this matter, plo		,
<u>Scott</u>	Name of Person	813) 3588453 Area Code Daytime Te	Icphone Number
Enclos	sed is a check for the following amount:		
□ \$125.0	00 Filing Fee ✓ \$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Add Registration Section	res <u>s</u>
	Division of Corporations	Division of Corporate	tions
	P.O. Box 6327	Clifton Building	tor Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Liability Company, "L.L.C.," or "LLC.")
Entering Company, E.E.O., or EEO.
fice of the Limited Liability Company is:
Mailing Address:
1906 Dalakia Blod S
1806 Dolphin Blvd S St Petersburg FL 33707
Str clarading 12 days.
& Registered Agent's Signature: Registered Agent. You must designate an individual or 1.) agent are:
•
and the second s
NOT acceptable)
FL 33707
Zip
the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S.

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
MGR Williager	Scott Barnett
	1806 Dolphin Blvd S
	ST Petersburg FL 33707
	777772
•	
Use attachment if necessary) EV: Effective date, if other than the date crive date is listed, the date must be sp. f filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: (OPTIONAL)
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EV: Effective date, if other than the date crive date is listed, the date must be sp. f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60	of filing:
EV: Effective date, if other than the date crive date is listed, the date must be sp. f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60	of filing:
EV: Effective date, if other than the date crive date is listed, the date must be sport filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	of filing:
EV: Effective date, if other than the date crive date is listed, the date must be sport filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	of filing:
EV: Effective date, if other than the date crive date is listed, the date must be sponding.) EVI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felon	of filing: